

1350



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR  
THE SALE OF ELECTRIC POWER**

**Mail to:** South Carolina Department of Revenue,  
Registration Section, Columbia, SC 29214-0140

**L-3017**

(Rev. 11/7/14)

4439

PRINT OR TYPE ALL INFORMATION.

If assistance is needed, call (803) 896-1350

**Upon Completion, Sign and Date.**Website: **www.dor.sc.gov****FOR OFFICE USE ONLY**

SID \_\_\_\_\_

License No. \_\_\_\_\_

<b>1. OWNER, PARTNERSHIP OR CORPORATE NAME</b>  	<b>2. TRADE NAME (DOING BUSINESS AS)</b>  																				
<b>3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)</b>  <div style="text-align: center; margin-top: 20px;">STREET</div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>CITY</span> <span>COUNTY (Required)</span> <span>STATE</span> <span>ZIP CODE</span> </div>	<b>4. BUSINESS PHONE NUMBER</b>  																				
	<b>5. DAYTIME PHONE NUMBER</b>  																				
	<b>6a. FEIN</b>  																				
	<b>6b. SC SALES TAX NUMBER</b>  																				
<b>7. MAILING ADDRESS (FOR ALL CORRESPONDENCE)</b>  <div style="text-align: center; margin-top: 20px;">IN CARE OF</div> <div style="text-align: center; margin-top: 20px;">STREET</div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>CITY</span> <span>COUNTY</span> <span>STATE</span> <span>ZIP CODE</span> </div>	<b>8. EMAIL ADDRESS</b>  																				
<b>9. TYPE OF BUSINESS</b> <input type="checkbox"/> GENERATING <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> OTHER: _____	<b>10. LICENSE ISSUE DATE (MM/DD/YYYY)</b>  																				
	<b>11. TYPE OF OWNERSHIP</b> <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____ <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SC CORPORATION DATE INCORPORATED _____ <input type="checkbox"/> LLC-LLP <input type="checkbox"/> OTHER (EXPLAIN) _____ <input type="checkbox"/> FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY.)																				
<b>12. NAME(S) OF BUSINESS OWNER, PARTNERS OR OFFICERS:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 20%;">SOCIAL SECURITY NUMBER</th> <th style="width: 30%;">NAME/TITLE</th> <th style="width: 30%;">HOME ADDRESS</th> <th style="width: 20%;">IF PARTNER, PERCENT OWNED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		SOCIAL SECURITY NUMBER	NAME/TITLE	HOME ADDRESS	IF PARTNER, PERCENT OWNED																
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I declare that the application has been examined by me and to the best of my knowledge and belief the information contained therein is true and correct.

SIGNATURE OWNER, ALL PARTNERS OR CORPORATE OFFICER

TITLE

(Date)

44391019